

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659092

1. Entity Name

JAMES S. MALANDRO, M.D., P.A.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90054 045 \*\*\*150.00

Principal Place of Business 2140 NORTH 52 AVENUE C/O JAMES S. MALANDRO, M.D. HOLLYWOOD FL 33021		Mailing Address 2140 NORTH 52 AVENUE C/O JAMES S. MALANDRO, M.D. HOLLYWOOD FL 33021-3309		DO NOT WRITE IN THIS SPACE
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 59-1972071				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Fee Required

6. Name and Address of Current Registered Agent  MALANDRO, JAMES S. 2140 NORTH 52 AVENUE HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b>

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MALANDRO, JAMES S. 2140 N. 52 AVE. HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALANDRO, PAMELA 2140 N.E. 52 AVENUE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James S. Malandro MD **JAMES S. MALANDRO MD** 1/31/00 (954) 962-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #